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| NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES | | Docket Number (Optional) 532552001200 |
|---|------------------------------|--|
| In re Application of Marcel BALLY | | |
| Application Number 10/727,017 | | Filed December 2, 2003 |
| For CELL PENETRATING THERAPEUTIC AGENTS | | |
| Art Unit 1645 | Examiner R. Swartz | |
| Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner. | | |
| The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) \$ 510.00 | | |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ 255.00 | | |
| <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet. | | |
| <input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 03-1952 I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate. | | |
| <input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed. | | |
| I am the | | |
| <input type="checkbox"/> applicant /inventor. /Kate H. Murashige/ <input type="checkbox"/> assignee of record of the entire interest. Signature See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) Kate H. Murashige Typed or printed name | | |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration number 29,959 (858) 720-5112 <input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. Telephone number October 17, 2007 Date | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | |
| <input type="checkbox"/> *Total of 1 forms are submitted. | | |